I. CIR./DIST./DIV. CODE 2 OF CREATES ENTED DOCUMENT 32 FILEU 10/11/VOUCHERNEMBER 2 PAGELD TNW Garcia, Daniz 3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 2:05-020364-004~ 0 7. IN CASE/MATTER OF (Case Name) 8. PAYMENT CATEGORY 9. TYPE PERSON REPRESENTED (See Instructions) Criminal Case 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS THOMAS, JAMES EDWARD SUITE 1540 40 SOUTH MAIN ST MEMPHIS TN 38103 MEMPHIS TN 38103	31 28 D.C
3. MAG. DKT./DEF. NUMBER 4. DIST. DKT./DEF. NUMBER 2:05-020364-004 ~ D 7. IN CASE/MATTER OF (Case Name) U.S. v. Garcia 8. PAYMENT CATEGORY Felony 4. DIST. DKT./DEF. NUMBER 2:05-020364-004 ~ D 9. TYPE PERSON REPRESENTED (See Instructions) (See Instructions) (See Instructions) (Criminal Case 10. REPRESENTATION TYPE (See Instructions) (See Instructions) (Criminal Case 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS THOMAS, JAMES EDWARD SUITE 1540 40 SOUTH MAIN ST MEMPHIS TN 38103 4. DIST. DKT./DEF. NUMBER 5. APPEALS DKT./DEF. NUMBER 6. OTHER DKT. NU	
7. IN CASE/MATTER OF (Case Name) U.S. v. Garcia Felony Adult Defendant 10. REPRESENTATION PYPE (See Instructions) Criminal Case 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS THOMAS, JAMES EDWARD SUITE 1540 40 SOUTH MAIN ST MEMPHIS TN 38103 10. REPRESENTATION PYPE (See Instructions) Criminal Case 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS THOMAS, JAMES EDWARD SUITE 1540 40 SOUTH MAIN ST MEMPHIS TN 38103	M 8: 5
U.S. v. Garcia Felony Adult Defendant Cse instructions of Fype (See instructions) Criminal Case 11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) 12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS THOMAS, JAMES EDWARD SUITE 1540 40 SOUTH MAIN ST MEMPHIS TN 38103 Adult Defendant Cse instructions (See instructions) Criminal Case	M 8: 5
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS THOMAS, JAMES EDWARD SUITE 1540 40 SOUTH MAIN ST MEMPHIS TN 38103 13. COURT ORDER O Appointing Counsel F Subs For Federal Defender F Subs For Panel Attorney Subs For Panel Attorney Y Standby Counsel Appointment Date:	
THOMAS, JAMES EDWARD SUITE 1540 40 SOUTH MAIN ST MEMPHIS TN 38103 Substituting the following of the control	בדוטות
Telephone Number: (901) 526-7066 Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the	
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) Other (See Instructions) Signature of Presiding Judicial Officer or By Order of the Court 10/03/2005 Date of Order Repayment or partial repayment ordered from the person represented for this service at time of appointment.	-
The state of the s	4.50
CATEGORIES (Attach itemization of services with dates) HOURS CLAIMED TOTAL AMOUNT CLAIMED HOURS CLAIMED HOURS AMOUNT ADJUSTED AMOUNT REVIEW)AL
15. a. Arraignment and/or Plea	
b. Ball and Detention Hearings	
c. Motion Hearings	
n d. Irial	
e. Sentencing Hearings	
u I. Revocation Hearings	
t B Appeals Court	
h. Other (Specify on additional sheets)	
(Rate per hour = S) TOTALS:	
16. a. Interviews and Conferences	
b. Obtaining and reviewing records	
c. Legal research and brief writing	
d. Travel time	\neg
U C. Investigative and Other Work (Specify on additional sheets)	
(Rate per hour = S) TOTALS:	_
17. Travel Expenses (lodging, parking, meals, mileage, etc.)	—
18. Other Expenses (other than expert, transcripts, etc.)	
	- -
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO 20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION 22. CASE DISPOSITION 22. CASE DISPOSITION 23. CASE DISPOSITION 24. CASE DISPOSITION 25. CASE	ION
22. CLAIM STATUS Final Payment Interim Payment Number Supplemental Payment Supplemental Payment YES NO Other than from the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO	
representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.	
course usual ritton the court, nave you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation?	
representation? TYES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney.	ERT
Other than from the curr, save you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date: 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR/CL	
Other than from the curr, save you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? I swear or affirm the truth or correctness of the above statements. Signature of Attorney: Date: 23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL EXPENSES 26. OTHER EXPENSES 27. TOTAL AMT. APPR/CI	CODE

This document entered on the docket sheet if combined with Rule 55 and/or 32(b) FRCrP on

(32)



Notice of Distribution

This notice confirms a copy of the document docketed as number 32 in case 2:05-CR-20364 was distributed by fax, mail, or direct printing on October 11, 2005 to the parties listed.

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Honorable Bernice Donald US DISTRICT COURT